

Personal Care Home/Transitional Care Unit Restraint Audit

The restraint audit is done annually in May. You may choose a date in the month that works best for your site. Audit results are to be entered online into the Regional PCH Audit MS Teams spreadsheet **by May 31st**.

PCHs/TCU's are to conduct the audit as follows:

Methodology

- On the selected date, audit **10%** of those residents with a restraint, or a minimum of 5 residents (if 10% is less than 5).
- Where possible, select health records that have not been audited previously.
- If there are not more than 5 new residents with restraints, the health record can be re-audited starting with the sections on Restraint Care Plan, Reassessment Tool and Emergency Restraint (if applicable).

Documentation

- Complete the form below for each chart audited and then transfer the totals to the Personal Care Home/Transitional Care Unit Restraint Audit Summary.
- Enter the info from the audit summary page into the Regional PCH Audit MS Teams spreadsheet.

Analysis & Site Follow-up:

- Each site is to analyze their audit summary data at a site level, and address any follow-up items in their site Quality Improvement Plans.

Name of Facility:		Audit Date:		
Total # of Records audited:		Total # Physical / Mechanical Restraints:		
Total # Environmental Restraints:		Total # Chemical Restraints:		
Total number of residents on this date (exclude any empty beds):				
Total number of residents with restraint(s) order(s) on site on this audit date:				
Total number of restraints ordered at this time throughout the site:				
Resident Initials/Room #:		Total Number of Restraints in use for Resident:		
# of Physical/Mechanical =		# Environmental =	# Chemical =	
Comprehensive Assessment		Check the appropriate box	Yes	No
		N/A		
There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint (minimally within 8 weeks of admission if an interim restraint tool was used), including documentation of the following:				
(a) Description of the behaviour and the environment in which it occurs (including time of day)				
(b) Emotional status				
(c) Mental status				
(d) Nutritional status				
(e) Review of current medications				
(f) Physical/current systems				
(g) All alternatives tried and exhausted				
(h) Actual & potential benefits and burdens to the resident if the restraint is applied				
(i) Ethical considerations				
(j) Signatures of interdisciplinary team members				
Written / Verbal Consent			Yes	No
			N/A	
There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's substitute decision maker/designated family member is documented. If verbal consent was provided, check N/A.				
Any verbal consents are documented, dated and signed by two staff members, one of which is a nurse. NOTE: if no verbal consents obtained, check 'N/A'				
Consent is given PRIOR to the application of the restraint.				

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Written Order	Check the appropriate box	Yes	No	N/A
There is a written restraint order that indicates:				
(a) The type of restraint to be used.				
(b) The frequency of checks while the restraint is in use.				
(c) Signature of the individual giving the order.				
(d) Designation of the individual giving the order.				
(e) For a chemical restraint the time limit for use (discontinuation date) NOTE: if no chemical restraint is ordered, check 'N/A'				
Restraint Care Plan	Check the appropriate box	Yes	No	N/A
There is a Restraint Care Plan for every restraint in use that outlines the resident's unique and specific needs, including:				
(a) Restraint type and method of application.				
(b) Length of time the restraint is to be used at each application.				
(c) Frequency of checks while the restraint is in use.				
(d) When regular removal of restraints is to occur.				
Restraint Reassessment	Check the appropriate box	Yes	No	N/A
There is documented evidence on the Interdisciplinary Quarterly Care Plan & Restraint Review Form :				
(a) Restraint use is reassessed every three months, minimally. NOTE: if restraint has been in use less than three months, check 'N/A for (a), (b) (c) (d) € in this section.				
(b) Efforts to resolve the issues for which the restraint was applied.				
(c) The resident's response to application of the restraint.				
(d) Plan for return to independence (if feasible) or purpose for continued use of restraint				
(e) Recommendation				
Emergency Restraint	Complete only if you have applied an emergency restraint for this resident.			
Where restraint is used in an emergency situation, there is documented evidence of:				
(a) The events leading up to the use of the restraint.				
(b) The time the restraint was applied.				
(c) The frequency of checks.				
(d) Notification of the resident's legal representative or next of kin.				
(e) Care provided to and response of the resident in restraint.				
(f) When the reassessment is to occur.				
(g) Name and designation of the person ordering the restraints.				

NOTE: The Emergency Restraint above is to be used when auditing the application of emergency restraints only. It is not included in "Restraint Audit Summary" when calculating for restraint compliance.

Audit Completed by:	Signature:	Designation:
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